

Exhibit 19



**MAYO CLINIC
HEALTH SYSTEM**

Certification of Medical Records

Patient Name: TAMARA LOERTSCHER

DOB: [REDACTED]

I, ROBERTA MEYER, Release of Information Specialist in the Health Information Management Services Department at Mayo Clinic Health System, hereby certify that the attached documents, consisting of 324 pages, constitutes an accurate duplicate of Hospital Clinic Nursing Home Home Health & Hospice - records at:

- Mayo Clinic Health System - Chippewa Valley
- Mayo Clinic Health System - Eau Claire
- Mayo Clinic Health System - Northland
- Mayo Clinic Health System - Oakridge
- Mayo Clinic Health System - Red Cedar

as maintained by the Health Information Management Services Department for the period of time from 8/01/14 through 9/10/16

regarding the above named patient at the facility checked above.


Rusty Meyer

09/14/2016 @8:28am

Date/Time

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Behavioral Health

Choose the Image button to view related documents.

Consultation

Event Date: 8/5/2014 00:00 CDT
 Document Name: Consultation-Hospital
 Performed By: BANTZ,JENNIFER S MD (8/5/2014 05:46 CDT)
 Result Status: Auth (Verified)

CONSULTING SERVICES
 Obstetrics.

REQUESTING PHYSICIAN
 Dr. Filza Hussain.

CHIEF COMPLAINT/REASON FOR VISIT

A 14 and 5/7 weeks' intrauterine pregnancy admitted for severe depression and polysubstance use.

HISTORY OF PRESENT ILLNESS

Tamara is a 29-year-old gravida 1, para 0 with an intrauterine pregnancy at 14 and 5/7 weeks based on ultrasound obtained on August 1. Initially Dr. Ezenagu, the obstetrician on call that day, was consultation regarding management of this patient. He was reconsulted again yesterday and therefore I did meet with the patient and did examine patient. Tamara apparently today has been talking with very many people due to concerns regarding her pregnancy and she wanted to discuss the ultrasound finding she had on Friday.

Tamara has been abusing methamphetamines as well as marijuana during her pregnancy. She also has had alcohol during the pregnancy as well. She struggled with depression throughout her life. She has had several suicide attempts. She is currently with her boyfriend of 7 months and they live in Medford which is a small community where she grew up. She also has a long history of hypothyroidism. Her TSH upon admission was greater than 100. Patient admits to daily methamphetamine use for a number of months and it appears that she is getting this medication from her boyfriend; however, she will not admit to this. She stated when she found she was pregnant, she cut back to approximately 3 days a week of using methamphetamine. Apparently the methamphetamine would help her get out of bed and help with her depression and she was taking marijuana on and off throughout, also alcohol in the very beginning but she knew she was pregnant when she was taking the methamphetamines. Patient did admit herself voluntarily to behavioral health and she does want to keep this pregnancy and feels guilty for taking the illicit meds during the pregnancy.

PAST MEDICAL/SURGICAL HISTORY

1. Severe depression.
2. Hypothyroidism with TSH of greater than 100 upon admission. She has not been taking prescription levothyroxine for quite a while and has been just taking over-the-counter thyroid pills.

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Consultation**OBSTETRIC/GYNECOLOGIC HISTORY**

She reports a Pap smear at the local family planning clinic approximately a year ago and that was normal. She denies any history of abnormal Pap smears as well as sexually transmitted infection. She apparently had STD screening a year ago and that was before she was with this current partner, but she states she "doesn't worry about this partner." She does complain currently of a discharge with odor.

SYSTEMS REVIEW

She denies any cramping or bleeding. Does report an abnormal discharge with odor.

ALLERGIES

The patient experiences rash, hives and itching from sulfa and clindamycin.

SOCIAL HISTORY

Patient is single. She does not work. She lives with her boyfriend and they live in Medford. Her grandparents are supportive. Patient reported she did drink quite a lot of alcohol in the past. Once she met her boyfriend, she has had pretty much no alcohol for the last 7 months. She is a nonsmoker but has been using marijuana and methamphetamine regularly. Patient previously worked as a nursing assistant in a dementia unit of a nursing home but apparently unsure if she left or she was let go because she reports it was sad to see patients pass away and she apparently took too long to do her job and was spending extra time with the patients and it was just too overwhelming for her.

FAMILY HISTORY

There is a strong history of depression throughout the family. She had a great grandfather who committed suicide that was related to depression. Her mother and maternal grandmother have history of depression. She is closer to her grandmother than her mother. Her mother is now 51. Otherwise no history of any female cancers in the family.

MEDICATIONS

Essentially none. She was trying to take an over-the-counter thyroid folate supplement.

PHYSICAL EXAMINATION

Patient appears well and in no acute distress. Does have fairly flat affect but does answer questions appropriately.

Patient was upset when we did review the ultrasound findings. I did perform a speculum exam today per patient's request.

She has normal-appearing external genitalia. There was whitish adherent discharge on the vagina. This was sampled for vaginitis panel. Cervix appeared normal. Speculum was removed. The vaginitis panel did return positive for Candida as well as Gardnerella. The GC, chlamydia of the urine is pending. Again I did review her ultrasound and that was performed on Friday which revealed the baby at 14 weeks and 1 day which showed an EDC of January 29, 2015.

Generally findings are normal at this point. There is a possible placenta lake which would be followed up at her 20-week ultrasound. Also admission hemoglobin was 9.8 with a normal MCV. Her AST and ALT were slightly elevated at 62 and 68. Urine tox screen was positive for THC, methamphetamine and amphetamine.

IMPRESSION/REPORT/PLAN

A 29-year-old gravida 1, para 0 with an intrauterine pregnancy at 14 and 5/7 weeks admitted with severe depression and polysubstance use.

1. I did review with the patient in detail and provided her handouts from UpToDate regarding potential complications with the type of illicit drugs she has been using throughout the first trimester. I did state sometimes it is just too early for us to tell the potential side effects. There is a good likelihood for cognitive side effects. There is already strong family history for

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EU Eau Claire Hospital - Behavioral Health

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Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Consultation

depression so there is a good possibility there will be possible depression passing onto this child but cognitive delay would not be surprising, especially with the methamphetamine use. THC has not been shown to cause any congenital anomalies, the same as methamphetamine, for there are multiple studies out there but nothing specifically links the methamphetamine use to congenital anomalies. Now there is data throughout that shows that babies are at risk for small for gestational age and this could be due to hypoxia from the placenta and also cognitive delays such as learning disabilities that have been noted in these children. I did review that with the patient. I did state that stopping now would obviously be a huge benefit to this child that has survived the first trimester which is actually amazing with the TSH of greater than 100 but this child has survived through the first trimester.

3. I did encourage her to continue with her supplement which would be her levothyroxine to help prevent any further complications with this child, to be compliant with levothyroxine as well as taking the iron given her anemia which is most likely probably due to poor diet.

4. I did discuss support for her when she is discharged. She wants to go back to her boyfriend which I am concerned because he I believe was providing her the methamphetamines but she feels that he is supportive and he is going to help her through it and he has helped her getting off the alcohol but she has been using methamphetamines so I am concerned with regards to her support system. Supporting her through this pregnancy, she does desire to follow up here in Eau Claire at Mayo Clinic Health System which is a viable option. Medford is slightly closer to Marshfield Clinic in Marshfield and in Wausau and given the winter that might be a better choice but she states she could get here. Obviously I will defer to social work planning. Otherwise the patient was reassured with today's findings. I had reviewed the ultrasound findings in detail and provided written information on how to have a healthy pregnancy and potential complications with polysubstance use.

Jennifer S. Bantz, M.D./kma

D: 08/05/2014 05:46 AM T: 08/05/2014 06:19 AM

cc:

Filza Hussain, M.D.

Electronically Signed By: BANTZ, JENNIFER S MD

On: 08/05/2014 08:27 AM

Modified by and Electronically Signed by: BANTZ, JENNIFER S MD

On: 08/05/2014 08:27 AM

Event Date:
Document Name:
Performed By:
Result Status:

8/2/2014 00:00 CDT
Consultation-Hospital
DUELLMAN,JARRED M MSW (8/2/2014 12:10 CDT)
Auth (Verified)

SOCIAL WORK INITIAL ASSESSMENT**PATIENT IDENTIFICATION**

PATIENT NAME: Tamara Loertscher, the patient goes by Tammy.

DATE OF BIRTH AND AGE: [REDACTED] [REDACTED], the patient is 29 years old.

GENDER: Female.

Patient Name: LOERTSCHER, TAMARA M
Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Depart Summary

related documents.

Discharge Summary

Event Date: 8/7/2014 15:13 CDT
 Document Name: Discharge Summary-Hospital
 Performed By: ANWAR, SHAMIM MD (8/12/2014 20:26 CDT)
 Result Status: Auth (Verified)

ADMIT DATE: 08/01/2014

DISCHARGE DATE: 08/07/2014 15:13

FINAL DIAGNOSIS

AXIS I: Major depression, recurrent severe.
 Rule out psychosis not otherwise specified.
 Methamphetamine dependence.
 Marijuana dependence.
 Alcohol abuse.

AXIS II: Rule out cluster C traits versus disorder.

AXIS III: Being pregnant.
 Hypothyroidism.

AXIS IV: Difficult living situation.

AXIS V: Global Assessment of Functioning 60.

SUMMARY

TIME SPENT ON DISCHARGE PROCESS: More than 30 minutes.

INITIAL PRESENTATION**CHIEF COMPLAINT/REASON FOR VISIT**

Patient was admitted voluntarily secondary to noting significant depression, methamphetamine use, marijuana use, alcohol use mostly in the past. This was in the context of being pregnant as well.

SUMMARY OF MENTAL STATUS FINDINGS ON ADMISSION: Patient appeared as a tall Caucasian woman with a rounded facial morphometry. She was alert and oriented to person, place, and time. Behavior and psychomotor activity was somewhat slowed. Mood was described as being depressed. Affect was mood congruent and tearful. Thought process by in large goal directed. Thought content was notable for some bizarre content as described by the admitting doctor noting some paranoid content and odd experiences. Denied any auditory or visual hallucinations. Did describe a sense of *deja vu*. Speech was within normal limits. Memory within normal limits. Attention was adequate. Fund of knowledge average. Insight and judgment seemed poor to the admitting physician. Suicidal or homicidal ideation, no active plan or intent.

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Discharge Summary**TREATMENT COURSE****MAJOR PROBLEMS PRESENT AND HOW THEY WERE ADDRESSED**

Major issues included significant depression and substance use including methamphetamine currently and alcohol mostly in the past. These issues were addressed by having her on the inpatient unit, offering her support, requesting OB/GYN consult. That was done and she was educated regarding substance abuse and its effects on the fetus. Ultrasound was also done identifying the fetus' age. Mandatory reporting regarding substance abuse as the patient was using while she was pregnant was done and County Services placed the patient on temporary custody. Dr. Bantz did provide testimony for the court hearing that was done. Patient was fairly dysregulated effectively when she found that she had to stay on the unit and that she had been placed on temporary protective placement and that she was recommended for going to AODA treatment given her propensity to use amphetamines. She seemed cautious and had preferences of which medications she would not take. She was compliant with taking the thyroid medication however. There were concerns regarding the TBC order and legal department was consulted and they had concluded that the order does not allow for patient to be placed on a secure unit and this was conveyed in a phone contact to the County Mental Health Services and a meeting with the patient was conducted by myself and the social worker in which the mother was present as well as the mother's boyfriend. The patient did request to be discharged and this was facilitated along with making arrangements for patient's follow up and prescriptions of the patient's preference over dispensed. Patient did not feel that she had any problems in terms of substance abuse and felt that she would not need to go for any treatments.

TREATMENT RESULTS

Guarded.

PATIENT STATUS AND CONDITION ON DISCHARGE

Patient felt ready for discharge. Did not feel she had any addiction issues that were of any concern. Did not want to go for treatment. There was no evidence for suicidality or homicidality and patient was going to be leaving in the care of her mother and her mother's boyfriend. Patient did not feel that she needed to be on the inpatient unit. She had indicated that she would like to keep the baby and that she would be caring for her pregnancy. Expressed discontentment at the report formulated by Dr. Bantz and stated that she did not continuously use alcohol during the pregnancy noting that "I only drank once."

DISCHARGE AND AFTERCARE PLANS

ACTIVITY: Ad lib.

ALLERGIES: Clindamycin and sulfa drugs.

FOLLOW UP RECOMMENDATIONS: Follow up with Laura Sova on 08/25/2014 at 2:30 at Medford Clinic.

DISCHARGE MEDICATIONS:

Ferrous sulfate 325 mg once at bedtime.

Fluoxetine 10 mg once daily for 5 days, then increase to 20 mg daily.

Levothyroxine 125 mcg once daily recommended for retesting in 6 weeks in follow up with her primary doctor which the patient wanted to select herself.

Shamim Anwar, M.D./bmn

D: 08/12/2014 08:26 PM T: 08/13/2014 07:54 AM

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name: LOERTSCHER, TAMARA M Mayo Clinic Number: [REDACTED]
 Birthdate/Sex: [REDACTED] Female MRN: [REDACTED]
 Admit/Service Date: 8/1/2014 FIN: [REDACTED]
 Discharge Date: 8/7/2014 Patient Type: Inpatient

Discharge Summary

Electronically Signed By: ANWAR, SHAMIM MD
 On: 08/18/2014 09:38 AM

ED / Urgent Care Documents

Event Date: 8/1/2014 21:30 CDT
 Document Name: ED Depart Summary
 Performed By: SUZAN,TAMMY L RN (8/1/2014 21:30 CDT)
 Result Status: Auth (Verified)

**Eau Claire Hospital
 Mayo Clinic Health System
 Emergency Department
 Clinical Discharge Summary**

PERSON INFORMATION

Name LOERTSCHER, TAMARA M

Sex Female

Marital Status Single

MRN [REDACTED]

Visit Reason Arm pain-swelling; Depression;
 ARM PAIN SWELLING DEPRESSION

Enc Type Emergency

Track Group EULH ED

Tracking Id [REDACTED]

Checkin 8/01/2014 4:43 PM

Arrival 8/01/2014 4:43 PM

Address: [REDACTED]

Comment: [REDACTED]

Age 29 Years
 Language English
 Phone (000) 000-0000
 Visit Id
 Specialty

Med Service Emergency Medicine
 Discharge
 Checkout 8/01/2014 9:30 PM
 Acuity 2 -Emergency

Reg Status Complete

DOB [REDACTED] 12:00 AM
 PCP PCP, UNASSIGNED - EU

Acct # [REDACTED]

Referred by

Dispo Type Admitted as Inpatient to this
 Hospital
 LOS 000 04:47

PROVIDER INFORMATION

Provider	Role	Provider Contact Time
SMITHBERG, NATHAN E MD	ED Provider	08/01/14 17:03
SUZAN, TAMMY L RN	ED Nurse	08/01/14 17:13

DIAGNOSIS

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

ED / Urgent Care Documents**Comment:****PATIENT EDUCATION INFORMATION**

Instructions:

Follow up:

Event Date: 8/1/2014 00:00 CDT
 Document Name: Emergency Room Report
 Performed By: SMITHBERG NATHAN E MD (8/1/2014 18:03 CDT)
 Result Status: Auth (Verified)

A 29-year-old patient. She comes in stating she wanted to admit herself to Behavioral Health. She describes severe depression lately, difficulty sleeping and eating. She has had some thoughts about self-harm although she got quite weepy when describing this. She could not give me a specific plan although she says she has overdosed in the past although she clearly denies acting on it at this time. She goes on to describe stressors suggesting that her last period was three months ago and that she thinks she is pregnant. She has had two home pregnancy tests, the last one about a month ago that was positive. She has had no vaginal bleeding. She does describe slight discharge, but no cramping or abdominal pain. She says this is her first pregnancy and there are some issues now with her boyfriend. It sounds like they just had to move out today and he also physically restrained her last night squeezing her right arm so that is a concern as well. She denies any other injuries. Again she was hoping to get a Behavioral Health admission and does describe a past history of depression although it was many years ago. She says she is not under any treatment for either psychiatric or medical problems.

She says she was told that she was hypothyroid and is taking what sounds like an over-the-counter thyroid supplement of some nature.

She denies any alcohol, illicit drug or tobacco use. She is unemployed.

PAST MEDICAL/SURGICAL HISTORY

Hypothyroidism, depression.

ALLERGIES

Clindamycin and sulfa drugs.

SOCIAL HISTORY

Please see above.

SYSTEMS REVIEW

GENERAL: No fevers or chills. HEENT: No runny nose or sore throat. CARDIAC: No chest pain. RESPIRATORY: No shortness of breath. All other systems are reviewed and negative.

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

ED / Urgent Care Documents**PHYSICAL EXAMINATION**

GENERAL: She is alert. She appears to be well-kept, good eye contact, somewhat flat affect and she did get somewhat weepy in describing her situation, but was easily composed. No overt psychosis.

VITAL SIGNS: She was afebrile with normal vital signs.

HEENT: Head appeared to be nontender and atraumatic. Eyes clear. Oropharynx moist. No injection.

NECK: Neck showed no masses, no thyroid enlargement.

BACK: Nontender.

LUNGS: Clear, no rales, wheezes or rhonchi.

CARDIAC: Normal S1 and S2, no obvious murmur, gallop or rub.

ABDOMEN: Modestly obese, but she is flat, soft, nontender. No hepatosplenomegaly. I do not see any obvious uterine enlargement on abdominal exam.

SKIN: Skin showed no rashes.

EXTREMITIES: No edema.

NEUROLOGIC: No focal findings.

PSYCHIATRIC: As above.

LABORATORY

Screening labs are pending.

IMPRESSION/REPORT/PLAN

IMPRESSION: Depression, reported hypothyroidism.

PLAN: She does appear to have some suicidal ideation. She denies acting on this and overall appears to be a reliable historian. She will be evaluated by our Behavioral Health nurse here in the ER with consideration for admission. Screening labs are pending.

She does report being pregnant and a quantitative HCG is pending at this time as well. I will check a TSH also.

Nathan E. Smithberg, M.D./jle

D: 08/01/2014 06:03 PM T: 08/02/2014 02:37 PM

Electronically Signed By: SMITHBERG, NATHAN E MD

On: 08/03/2014 12:00 AM

Event Date:	8/1/2014 00:00 CDT
Document Name:	Emergency Room Report
Performed By:	SMITHBERG, NATHAN E MD (8/1/2014 19:01 CDT)
Result Status:	Auth (Verified)

I do see that her labs have resulted. She has positive urine tox for THC, methamphetamine and amphetamine. TSH is quite elevated, over 100. Beta hCG quantification is high as well consistent with pregnancy.

I do now the plan is for admission. She will get medical support with our hospitalist service. She has evidence of hypothyroidism which she had described in the past and certainly pregnant and perhaps obstetrics and gynecology could get involved as well. She also shows evidence of polysubstance abuse on her urine.

Patient Name: LOERTSCHER, TAMARA M

Mayo Clinic Number: [REDACTED]

MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT

Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
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ED / Urgent Care Documents

"I, LOERTSCHER, TAMARA M, or responsible party have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Patient Signature or

Responsible Party/Relationship _____ Date _____ Time _____

Provider Signature _____ Date _____ Time _____

H&P

Event Date: 8/1/2014 21:33 CDT

Document Name: H&P

Performed By: SENGODAN, MOHAN MD (8/1/2014 20:56 CDT)

Result Status: Auth (Verified)

DATE OF EXAMINATION: 08/01/2014

This is an adult medical history and physical examination summary in the Behavioral Health Unit.

CHIEF COMPLAINT/REASON FOR VISIT

Severe depression, patient is 3 months pregnant.

HISTORY OF PRESENT ILLNESS

Ms. Loertscher is a 29-year-old Caucasian lady with a known history of depression, polysubstance abuse, and 3 months pregnant who was referred to the emergency from Medford social services because of severe depression. Patient has been living in Medford with her boyfriend of 7 months. Patient is going through severe depression lately and unfortunately she has been using marijuana and meth during this time even after she knows about the pregnancy. She stated she feels guilty and worthless and to make herself hopeful she was doing that. Unfortunately, patient did not get any prenatal care so far. Patient is not using any prenatal vitamin or iron tablets. Patient admitted to the behavioral health unit voluntarily for further evaluation and management.

Patient has a known history of hypothyroidism. Patient was diagnosed with that when she was in high school. Patient has not taken prescription levothyroxine however she was tried on and off over-the-counter thyroid pills. Patient never checked thyroid levels recently. Patient does have some constipation. Patient does notice some fatigue.

SYSTEMS REVIEW

Pertinent findings are discussed in the History of Present Illness. Patient denies any abdominal cramps or vaginal bleeding. Patient was not able to recollect exactly when her last menstrual period was. Patient has been living with her boyfriend of 7 months in Medford. All other systems are reviewed and are negative.

Patient Name: LOERTSCHER, TAMARA M

Print Date/Time: 9/14/2016 08:10 CDT

Mayo Clinic Number: [REDACTED]

MRN: [REDACTED]

Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P**PAST MEDICAL/SURGICAL HISTORY****MEDICAL:**

1. Depression.
2. Polysubstance abuse.
3. Untreated hypothyroidism.

SURGICAL: None.**ALLERGIES**

Rash, hives, and itching from sulfa and clindamycin.

SOCIAL HISTORY

Patient is single, lives with her boyfriend of 7 months in Medford. Patient is a lifelong nonsmoker. Patient used to drink a lot last year but currently none per her report. Patient uses marijuana and methamphetamine regularly until now. Patient is unemployed and she used to work as a nursing assistant in the past and she has some nursing college.

FAMILY HISTORY

Patient does not know about her father. Mother is 51 years old and has high cholesterol and depression. No known family history of premature coronary artery disease. Stroke, cancer in grandparents.

MEDICATIONS

Over-the-counter thyroid one a day.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 134/65 mmHg, pulse rate 74 beats per minute, temperature 36.1 degrees, saturation 97% on room air.

GENERAL: Twenty-nine-year-old Caucasian lady who appears to be emotional and crying. Appears depressed.

HEENT: Head is normocephalic and atraumatic. Conjunctiva appears moist without erythema. Pupils are equal and reactive to light and accommodation, without nystagmus. Pharynx is without erythema or exudates and tonsils are not enlarged. Mucous membranes are moist.

NECK: Supple with no bruits, masses, or tenderness. There is no lymphadenopathy. Trachea is midline. Thyroid is not enlarged.

CARDIOVASCULAR: Heart is regular rate, S1 and S2 audible without murmurs, rubs, or thrills.

RESPIRATORY: Lungs sound clear to auscultation. No crackles or wheezing. Equal air entry.

GASTROINTESTINAL: Abdomen nondistended, soft, and nontender to palpation. No rebound tenderness. No signs of organomegaly. Bowel sounds normal.

EXTREMITIES: No edema, cyanosis or clubbing. Peripheral pulses intact bilaterally.

SKIN: Skin is warm and dry without evidence of suspicious lesions or bruising. No rash.

MUSCULOSKELETAL: No obvious loss of range of motion of upper and lower extremities. Strength is equal bilaterally.

NEUROLOGICAL: Speech is appropriate. Patient is alert and oriented to person, place, time, and situation. No gross focal neurological deficit noted.

LABORATORY

Hemoglobin 9.8, hematocrit 29.1, white count 6.2, platelets 207, sodium 135, potassium 3.6, chloride 99, bicarb 26, BUN 13, creatinine 0.93, AST 62, ALT 68, bilirubin 0.7. Salicylate and acetaminophen levels are negative. Urine tox screen is positive for cannabinol, methamphetamine, and amphetamine. TSH is more than 100. Beta hCG is 94,130.

Patient Name: LOERTSCHER, TAMARA M

Mayo Clinic Number: [REDACTED]

MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT

Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P**IMPRESSION/REPORT/PLAN**

1. Depression and anxiety. Patient admitted to the behavioral health unit voluntarily. Further evaluation and management as per the psychiatric team.
2. Pregnant state. Patient is 3 months pregnant. She was unable to recall her last menstrual period, she thinks it might be the middle of May. Patient denied any abdominal cramping or vaginal bleeding. Patient has some yellowish discharge which could be physiological. I spoke with the on-call OB/Gyn, Dr. Ezenagu. Patient will get a pelvic ultrasound to confirm the pregnancy and date of conception. Since patient has anemia with a hemoglobin of 9.8, patient likely has some iron deficiency so we will start her on ferrous sulfate twice a day. Patient will also be started on prenatal vitamin. Given the constipation and since we are starting on the ferrous sulfate, I will start her on Colace 100 mg twice daily and senna S for constipation. Once we make sure the OB ultrasound is stable, then there is no need for the OB/Gyn to see her here in the hospital since normally the first visit would be with the OB/Gyn counselor in the clinic which should be arranged.
3. Hypothyroidism which is untreated. I will check a free T4. Patient will be started on levothyroxine 1.6 mcg/kg which comes to around 125 mcg daily which will be started now. Patient stated she is not able to afford medications and that is why she did not do it. Patient needs assistance with her medications. Needs to recheck her thyroid level in 4 weeks.
4. Patient has polysubstance abuse. Counseled extensively to quit doing that given the pregnant state and patient is willing to quit and she seems to be determined.

We will follow the patient in the behavioral health unit as needed. Please call with any questions.

Mohan Sengodan, M.D./mcb

D: 08/01/2014 08:56 PM T: 08/02/2014 08:33 AM

Electronically Signed By: SENGODAN, MOHAN MD

On: 08/03/2014 07:14 PM

Modified by and Electronically Signed by: SENGODAN, MOHAN MD

On: 08/03/2014 07:14 PM

Event Date:	8/1/2014 21:33 CDT
Document Name:	H&P
Performed By:	HUSSAIN,FILZA MD (8/2/2014 21:04 CDT)
Result Status:	Auth (Verified)

PSYCHIATRIST INITIAL ASSESSMENT**PATIENT IDENTIFICATION**

PATIENT NAME: Tamara Loertscher. The patient goes by Tammy.

DATE OF BIRTH AND AGE: [REDACTED] She is 29 years old.

GENDER: Female.

RESIDENT OF: The patient lives in Medford, Wisconsin, in Taylor County.

MARITAL STATUS: Single.

EMPLOYMENT STATUS: Currently unemployed.

TYPE OF ADMISSION: Voluntary.

TOTAL TIME FOR ASSESSMENT PROCESS:

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P

HISTORY SOURCES INCLUDE

An assessment interview with this patient.

Past psychiatric history, past medical history, family history, and social history gathered by our intake social worker.

OTHER SOURCES INCLUDE: None.

CHIEF COMPLAINT/REASON FOR ADMISSION

"I really needed help."

HISTORY OF PRESENT ILLNESS

Patient is a 29-year-old, Caucasian woman who reports that she has had difficulties with depression most of her life, even as far back as elementary school. She has been treated with Zoloft in the past but felt that it made her more suicidal and over the past 2 years her depression has been progressively getting worse where she feels she can do right and people around her always upset with her. As a consequence she started engaging in drug and alcohol use to the point where she was getting blacked-out quite frequently, as a consequence there was an unfortunate video that was made of her which was sexually inappropriate and circulated in her small town and she has been living with the consequences of that. Things started building up to the point where she also felt that she could no longer keep her job as a CNA in a dementia unit and quit her job 5 months ago, which is also when she lost her insurance. She did not really feel like taking care of herself too much and stopped taking her Synthroid, continued engaging in methamphetamine use which initially was on a daily basis but then she found out that she was pregnant and since then she has decreased it to perhaps once or two times a week.

The patient reports that she has had 3 suicide attempts, 1 of which was in high school related to pain. She felt that she had a lot of menstrual cramps and overdosed on Tylenol. To help with that she did not end up going to the hospital at that point in time. Then the second suicide attempt with about a year ago where she overdosed on 30 pills of Xanax due to an altercation with her ex-boyfriend but she had no psychiatric hospitalizations at that point in time either and her third suicide attempt was 3 to 4 months ago where again she overdosed on pain killer medications. This is before she was pregnant. She is currently 3 months pregnant and has known for a while.

The patient reports that she has been having some bizarre symptoms also where the timeline of things is difficult for her to ascertain but she feels that people have been trying to push thoughts into her head which is a painful process, leading her to have pain in her neck and the back of her head. She points to her occiput. She also responds to a closed ended questions about receiving messages through the TV and radio and responds in the affirmative. Although I do question the validity of this information since it was a close ended question. She feels that she has to fight for control of her mind and she also feels that she is not really herself for the past few months, feels like somebody else at times may in fact identify herself as being a kin to her family's past and feels that she is experiencing things that they may be experiencing. She also has frequent symptoms of déjà vu and feels that cellphones are how people are controlled and feels funny around electronics. \

The patient reports that she had been drinking a lot in the past year, every day and quite heavily, has not had any alcohol in the past 7 months, was also previously drinking a lot of caffeine but has not been doing that more recently. She has been smoking marijuana which she started about 9 months ago and felt that it helps his sleep and feels that the methamphetamines make her feel quite calm but when she was using it daily, several times a day about 9 months ago, she felt that it was making her brain feel worse and was making her feel more paranoid and hence she has been doing it once a day every couple of days and she says that she smokes because it makes her feel calmer

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
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EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P**HISTORY OF PAST PSYCHIATRIC TREATMENT**

See social work evaluation for details of previous treatment episodes.

SUBSTANCE ABUSE HISTORY

Substance use present on admission. See above paragraph for details.

See social work intake evaluation for details of substance abuse history.

PAST MEDICAL/SURGICAL HISTORY

See social work initial assessment or internist's history and physical for details.

CURRENT MEDICATIONS

See nursing intake and medication reconciliation form for list.

ALLERGIES

See nursing intake for listing of allergies.

FAMILY HISTORY

Please see the social work initial evaluation for details.

SOCIAL HISTORY

See social work evaluation for details of history.

PHYSICAL EXAMINATION

Please see Mayo Clinic Health System Northwest Wisconsin Emergency Room physician or internist's history and physical for details. Please review Dr. Mohan Sengodan's note date August 1, 2014 for review of systems.

SYSTEMS REVIEW

Please see Dr. Smithberg's systems review dated August 1, 2014.

RESULTS OF LAB OR OTHER DIAGNOSTIC STUDIES

Hemoglobin of 9.8, hematocrit of 29.1, AST of 62, ALT of 68. Urine positive for THC, methamphetamine, amphetamines. Her TSH is more than 100. Her T4 is 0.1. Beta hCG is 94,130.

STRENGTHS/ASSETS

Access to medical care.

ABILITY/WILLINGNESS TO SOLVE PROBLEMS

Seems appropriate at this time.

MENTAL STATUS EXAMINATION

GENERAL APPEARANCE: Patient is a tall, thin Caucasian woman with a rounded face. I wonder if this is secondary to her hypothyroidism.

ALERTNESS/ORIENTATION: She is alert and oriented to person, place, and time.

BEHAVIOR/MOTOR ACTIVITY: Behavior and motor activity is of somewhat slowed.

MOOD: Described as being depressed.

AFFECT: Affect is mood congruent and tearful.

Patient Name: LOERTSCHER, TAMARA M

Mayo Clinic Number: [REDACTED]

MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT

Report Request ID: 293127151

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Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P

THOUGHT PROCESS: By in large goal-directed.

THOUGHT CONTENT: Notable for some bizarre content as described above.

PERCEPTUAL DISTURBANCES: Patient denies any auditory or visual hallucinations but does describe a sense of déjà vu.

SPEECH/LANGUAGE: Within normal limits.

MEMORY: Within normal limits.

ATTENTION SPAN AND CONCENTRATION: Adequate.

FUND OF KNOWLEDGE: Average.

INSIGHT/JUDGMENT: Poor.

SUICIDAL/HOMICIDAL IDEATION: Passive. No active plan or intent.

IMPRESSION/REPORT/PLAN

IMPRESSION: Patient is a 29-year-old, Caucasian woman with hypothyroidism which is currently untreated and an elevated TSH secondary to pregnancy also who reports that she has had depression for a very long time, getting worse over the past 2 years, and more so in the past 5 months subsequent to methamphetamine, marijuana, and alcohol use is has been quite significant with some reduction in use over the past few months. She also describes some paranoid content as well as odd experiences that may be psychosis. It is unclear whether this is due to her depression which is so severe or whether it could be secondary to hypothyroidism or drug use or whether this represents a primary psychotic illness. Patient currently is on board with starting medications. She has completed her first trimester. There has been exposure to drugs in the first trimester but now that organ formations has been completed, using an selective serotonin reuptake inhibitor medication and perhaps an antipsychotic if needed is not unwarranted given that she is having so much difficulty and the benefits of treatment outweigh the risks.

DIAGNOSES:**AXIS I:**

Major depressive disorder, recurrent, severe psychosis, not otherwise specified.

Methamphetamine dependence, marijuana dependence, alcohol abuse.

AXIS II: Rule out cluster C traits versus disorder.

AXIS III: Pregnancy, hypothyroidism.

AXIS IV: Difficult living situation and social embarrassment.

AXIS V: 40.

PLAN

1. Admission to 3400 for safety and stabilization. Synthroid has been initiated by her medical colleagues. After discussion and reviewing literature, I am going to initiate Prozac to 10 mg mouth once daily which will be titrated up to benefit as well as trazodone at 50 mg for sleep. The patient is allergic to Benadryl and starts getting restless legs and agitated with Benadryl.
2. I am going to observe the psychotic symptoms as patient is not at risk of hurting or harming herself currently from a psychosis standpoint and in order to minimize different medications I would initially just start the antidepressants although we may need to start an antipsychotic also and the patient is aware of this.

Filza Hussain, M.D./ls

D: 08/02/2014 09:04 PM T: 08/03/2014 11:26 AM

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

H&P

Electronically Signed By: HUSSAIN, FILZA MD

On: 08/04/2014 09:16 AM

Modified by and Electronically Signed by: HUSSAIN, FILZA MD

On: 08/04/2014 09:16 AM

Inpatient Discharge Instructions

Event Date:	8/7/2014 14:58 CDT
Document Name:	Hospital Discharge Instructions
Performed By:	STEFFEN,DANIELLE M RN (8/7/2014 14:58 CDT)
Result Status:	Modified

Eau Claire Hospital – Behavioral Health

Mayo Clinic Health System
1221 Whipple ST
Eau Claire, WI 547025270
(715) 838-5222

Patient Discharge Instructions

Name: LOERTSCHER, TAMARA M

Current Date: 08/07/2014 14:58:06

DOB: [REDACTED] 12:00 AM

MRN: [REDACTED]

FIN: [REDACTED]

Mayo Clinic Number: 09-242-902

Patient Address: [REDACTED]

Patient Phone: (000) 000-0000

Primary Care Provider:

Name: PCP, UNASSIGNED - EU

Phone:

Discharge Diagnosis:

Mayo Clinic Health System in Eau Claire would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

Patient Name: LOERTSCHER, TAMARA M
Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

Patient refused morning exercise group, resting in bed reading a book. Patient refused morning DBT group. Patient on phone at time of afternoon Arts and Crafts group.

Electronically Signed By: LABLANC, DINA M
On: 08/03/2014 02:44 PM

Event Date:	8/2/2014 19:36 CDT
Document Name:	Progress Note-Activity Therapist
Performed By:	NITCHEY,ALLISON M (8/2/2014 19:36 CDT)
Result Status:	Auth (Verified)

Pt was sleeping during activity group and she later declined recreation group and remained in bed.

Electronically Signed By: NITCHEY, ALLISON M
On: 08/02/2014 07:36 PM

Event Date:	8/2/2014 14:44 CDT
Document Name:	Progress Note-Activity Therapist
Performed By:	LABLANC,DINA M (8/2/2014 14:46 CDT)
Result Status:	Auth (Verified)

Patient refused morning exercise and DBT groups, in bed. Patient up and dressed at time of afternoon Arts and Crafts group, but refused activity.

Electronically Signed By: LABLANC, DINA M
On: 08/02/2014 02:46 PM

Event Date:	8/7/2014 16:28 CDT
Document Name:	Progress Note-Hospital Social Work
Performed By:	DUELLMAN,JARRED M MSW (8/7/2014 16:42 CDT)
Result Status:	Auth (Verified)

Tamara refused a TB test which would allow her to discharge to Fahrman Center today. Tamara is not able to discharge to Fahrman Center without this test being initiated. Liza at Taylor County Human Services was updated on Tamara's refusal and subsequent court order violation. A phone conference took place later in the day with myself, Erin Skold, Dr. Anwar and staff from Taylor County Human Services. Appropriate placement options were discussed and it was determined that our facility was not an appropriate facility for Tamara at this time. We also explored ways to discuss our concerns and treatment recommendations with Tamara. After the conference,

Dr. Anwar and I met with Tamara as well as her mother, and her mother's boyfriend, who happened to be visiting with Tamara at the time. Tamara reported that "I know you can't hold me here, I want to go home". Dr. Anwar and I spoke with Tamara about outpatient treatment needs. Tamara indicated that she wanted to see Laura Sova through Medford Clinic. An appointment was scheduled with Laura, per Tamara's request. Tamara also indicated that she could "walk in" to Laura office sooner if she needed to. Tamara reported that she was going to speak with Laura and look into seeing a psychiatrist in Marshfield; however, wanted to do this on her own and did not want us to schedule an appointment. Prior to discharge, Tamara denied being a danger to herself and/or others and reported that her target symptoms were

Patient Name: LOERTSCHER, TAMARA M Print Date/Time: 9/14/2016 08:10 CDT
Mayo Clinic Number: [REDACTED] MRN: [REDACTED] Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

manageable. Liza at Taylor County Human Services was informed that we were no longer coordinating care with them and HIPPA did not allow us to talk further.

Electronically Signed By: DUELLMAN, JARRED M MSW

On: 08/07/2014 04:54 PM

Modified by and Electronically Signed by: DUELLMAN, JARRED M MSW

On: 08/07/2014 04:54 PM

Event Date:	8/6/2014 14:48 CDT
Document Name:	Progress Note-Hospital Social Work
Performed By:	DUELLMAN,JARRED M MSW (8/6/2014 15:11 CDT)
Result Status:	Auth (Verified)

Tamara initially refused to meet with me in the morning. I met with her again in the afternoon in order to notify her that she would be discharging to Fahrman Center tomorrow. Staff from Fahrman Center are supposed to pick her up at 11:00am tomorrow from the unit. After notifying Tamara of this, she demanded to leave the hospital. I indicated to Tamara that I was told by Julie at Taylor County Human Services that the judge ordered her to remain in the hospital until she is appropriate to discharge to Fahrman Center. Tamara was also given a copy of these legal documents. Tamara continued to escalate. Another call was made to Julie. Julie indicated that she would check again with their attorney; however, reassured my that the legal paperwork we had, allowed us to keep Tamara in the hospital. Karlene was updated on the case. I received a call later in the day from Julie indicating some uncertainty about the judge's order. No additional clarification is available at this time. The plan is for Tamara to remain in the hospital tonight and discharge to Fahrman Center tomorrow. A medication voucher has been faxed to the pharmacy for a three week supply of medications.

Electronically Signed By: DUELLMAN, JARRED M MSW

On: 08/07/2014 04:28 PM

Modified by and Electronically Signed by: DUELLMAN, JARRED M MSW

On: 08/06/2014 03:29 PM

Event Date:	8/5/2014 16:44 CDT
Document Name:	Progress Note-Hospital Social Work
Performed By:	EVERSON,CORINNA (8/5/2014 17:02 CDT)
Result Status:	Auth (Verified)

Tamara participated in the TPC hearing via speaker phone with me in the conference room. I presented her with the information that was faxed including the petition, as well as the exhibits of physician reports. She declined to talk to me at all during or after the call. The court commissioner had to ask her twice to respond to him after he asked if she could hear him, she finally responded, "yes". She asked to have her attorney present, however, declined to vocalize the phone number to call the attorney, instead, choosing to write it down on papers and show it to me. I repeated it to the court for her, and they placed us on hold while attempting to locate her attorney. After a few minutes wait, Tamara got up and left the conference room, demanding to use the phone at the nurses station. I reminded her that a court hearing was in progress, and she was expected to participate in it, not be on the phone. She again ignored me and went to her room. When the court returned to the line, I went back into Tamara's room, her roommate was not present, so I resumed the conference call in her room with the door shut, so that the court would be aware that she was choosing not to be a part of the proceedings, in case they wanted to tell her or ask her anything. Tamara told me to leave her room immediately, that she felt we were harassing her. I honored her choice and told her that I would participate in the hearing in the conference

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 Mayo Clinic Number: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

room. The court requested I stay present via phone in case Tamara changed her mind and wanted to return. Her OB/GYN that examined her yesterday, Dr. Jennifer Bantz testified, and after deliberation from the corporation counsel and the guardian ad litem assigned on behalf of the unborn baby, the court determined that she would remain under the custody of Mayo Clinic Health System Eau Claire locked unit until the Psychiatrist felt that Tamara could be transitioned to a less restrictive setting. Under 48.133 Probable Cause was found, as the situation is dangerous to her unborn child, she has refused services offered to her, and not made a good faith effort to participate here or during the court proceedings on her behalf. Once stable for discharge from the hospital, she would be sent to an AODA treatment facility for the remainder of her pregnancy, or until the treatment director of the treating facility feels that it is no longer necessary for inpatient treatment. She would be subjected to random drug testing, monitoring, and release of information as required for her treatment needs. Reviewed information with IPBH RN staff, and told them to expect faxed paperwork from the court later this afternoon.

Electronically Signed By: EVERSON, CORINNA
On: 08/05/2014 05:02 PM

Event Date:	8/5/2014 09:25 CDT
Document Name:	Progress Note-Hospital Social Work
Performed By:	EVERSON, CORINNA (8/5/2014 09:29 CDT)
Result Status:	Auth (Verified)

Provided TPC paperwork to Tamara today. Explained to her that I understood from the RN staff, that she would prefer a different social worker, however, I would need to continue to work with her through the TPC hearing this afternoon at 14:15 via phone. She turned to look at me, stared, and shut her eyes while I was talking. I tried to present her copy of the TPC, however, she declined to take it from me. I placed a copy of it on her dresser and told her I would see her later for the hearing. All requested paperwork faxed to Taylor County child protection, per their written request investigating child protection.

Electronically Signed By: EVERSON, CORINNA
On: 08/05/2014 09:29 AM

Event Date:	8/4/2014 16:15 CDT
Document Name:	Progress Note-Hospital Social Work
Performed By:	EVERSON, CORINNA (8/5/2014 09:23 CDT)
Result Status:	Auth (Verified)

Met with Tamara at noon to discuss discharge. She was requesting to discharge from the hospital most of the morning. I had to talk with Taylor County to report the child protection concern of using methamphetamine, and THC during her pregnancy. After review with child protection, corporation counsel, and numerous attempts at talking with Tamara over the phone, the county determined they would place her on a TPC due to the concern for her unborn child. Tamara was given 3 messages to contact the child protection worker, Julie Clarkston, however, she refused. Due to the fact that there would be a court hearing, Julie requested to be brought into Tamara's room via speaker phone to inform her of the date and time of the hearing. TPC will be reviewed by the judge on 8/5/14 at 14:15 via speaker phone in the conference room. Tamara refused to speak to myself or Julie, and was fumbling with the tape recorder in her room trying to record the conversation. She also was trying to use the phone during our conversation to avoid hearing what was being reported to her. She did meet with the Unit Director numerous times yesterday to express her concern that she was not being allowed to leave the hospital, and she came in voluntarily. Tamara did express her concern to me earlier in the day about her fetus, and

Patient Name: LOERTSCHER, TAMARA M Print Date/Time: 9/14/2016 08:10 CDT
Mayo Clinic Number: [REDACTED] MRN: [REDACTED] Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

wanting to know if there is any damage to the baby as a result of the drug use. She was reassured by Psychiatrist that she would be provided an OB/GYN referral and they would be able to assess.

Electronically Signed By: EVERSON, CORINNA
On: 08/05/2014 09:23 AM

Event Date:	8/8/2014 19:35 CDT
Document Name:	Progress Note-Nurse
Performed By:	HAAS,KARI B RN (8/8/2014 19:36 CDT)
Result Status:	Auth (Verified)

Unable to reach patient by phone for post hospital discharge follow-up. A letter will be sent.

Electronically Signed By: HAAS, KARI B RN
On: 08/08/2014 07:36 PM

Event Date:	8/7/2014 15:18 CDT
Document Name:	Progress Note-Nurse
Performed By:	STEFFEN,DANIELLE M RN (8/7/2014 15:21 CDT)
Result Status:	Auth (Verified)

Tamara discharged from the hospital to home with her parents this afternoon. Tamara completed her discharge SSF. She declined to answer most questions. No critical values noted. Tamara has follow up with Laura Sova at Medford Clinic on 8/25/14 at 1430. Discharge medications were reviewed with patient and by pharmacy and "look good". Medications were sent to Walmart pharmacy in Hallie. All personal belongings were sent home with patient. No questions or concerns regarding discharge.

Electronically Signed By: STEFFEN, DANIELLE M RN
On: 08/07/2014 03:21 PM

Event Date:	8/7/2014 12:35 CDT
Document Name:	Progress Note-Nurse
Performed By:	PROCK,DANA M RN (8/7/2014 12:37 CDT)
Result Status:	Auth (Verified)

Per BH Director, if patient wishes to talk to someone in the hospital regarding her legal issues, only Karlene is to be contacted.

Electronically Signed By: PROCK, DANA M RN
On: 08/07/2014 12:37 PM

Event Date:	8/7/2014 09:25 CDT
Document Name:	Progress Note-Nurse
Performed By:	PROCK,DANA M RN (8/7/2014 09:33 CDT)
Result Status:	Auth (Verified)

Patient Name: LOERTSCHER, TAMARA M Print Date/Time: 9/14/2016 08:10 CDT
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED] Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

Event Date: 8/4/2014 22:08 CDT
 Document Name: Progress Note-Nurse
 Performed By: FRIENDFELLOWS, STEFANIE RN (8/4/2014 22:09 CDT)
 Result Status: Auth (Verified)

Pt was seen by OB this evening. Lab screens for gonorrhea, chlamydia and vaginitis pending. Tammy was brighter and spoke to this RN afterwards and said "I got a due date and the baby looks good. I feel so relieved. The baby is due January 29th". Pt smiled and made eye contact with this RN for the first time this shift. Will continue to monitor and assess.

Electronically Signed By: FRIENDFELLOWS, STEFANIE RN

On: 08/04/2014 10:13 PM

Modified by and Electronically Signed by: FRIENDFELLOWS, STEFANIE RN

On: 08/04/2014 10:13 PM

Event Date: 8/4/2014 18:17 CDT
 Document Name: Progress Note-Nurse
 Performed By: FRIENDFELLOWS, STEFANIE RN (8/4/2014 18:25 CDT)
 Result Status: Auth (Verified)

Pt presents as flat and blunted. Does not make eye contact. Tamara contracts for safety on the unit. She has declined to speak with this RN and said, "I'm not talking to anyone else until I talk to a lawyer". She has been withdrawn to her room during this shift. Pt denies physical concerns at this time. OB was contacted for a consult. Will continue to monitor and assess.

Electronically Signed By: FRIENDFELLOWS, STEFANIE RN

On: 08/04/2014 07:29 PM

Modified by and Electronically Signed by: FRIENDFELLOWS, STEFANIE RN

On: 08/04/2014 06:28 PM

Event Date: 8/4/2014 16:25 CDT
 Document Name: Progress Note-Nurse
 Performed By: PHILLIPS, KARLENE MARIE RN (8/4/2014 16:31 CDT)
 Result Status: Auth (Verified)

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151

EU Eau Claire Hospital - Behavioral Health

Patient Name:	LOERTSCHER, TAMARA M	Mayo Clinic Number:	[REDACTED]
Birthdate/Sex:	[REDACTED] Female	MRN:	[REDACTED]
Admit/Service Date:	8/1/2014	FIN:	[REDACTED]
Discharge Date:	8/7/2014	Patient Type:	Inpatient

Progress Notes

Met with patient at her request as she wanted to file a grievance, "I came in voluntarily, I want to leave and now I'm told I can't". Patient was met with by social worker to discuss the Temporary Protective Custody order that her county had issued due to her use of street drugs in her pregnancy. I did explain to her that with the TPC the decision for discharge is taken out of our hands for now. She responded with "what about all the meds you want to give me here?" I did reassure her that the MD was aware of her pregnancy and would take that into consideration in ordering medication for her. Also that she could refuse those at this time. Tamara repeatedly asked about leaving and going to outpatient care. I informed her that her county and our treatment team would work to have options that will protect both her and her baby, but for right now she would be staying in the hospital. Tamara minimizes her use, changes the subject or distracts to another complaint when this is identified as reason for TPC. I encouraged her to take this one day at a time, attend groups and focus on getting the tools to help her.

*Electronically Signed By: PHILLIPS, KARLENE MARIE RN
On: 08/04/2014 04:31 PM*

Event Date:	8/4/2014 11:41 CDT
Document Name:	Progress Note-Nurse
Performed By:	KUHL, MITCHELL R RN (8/4/2014 13:08 CDT); KUHL, MITCHELL R RN (8/4/2014 11:44 CDT)
Result Status:	Modified

Day 4 SSF completed with zero critical values.

*Modified by and Electronically Signed by: KUHL, MITCHELL R RN
On: 08/04/2014 01:08 PM*

Patient presents with a pleasant affect this morning, and has been up reading in her bed as a distraction technique. She stated to this writer that she feels like she is ready to go home today, and she wrote out a list of goals for herself. Psychiatrist updated on patient's request and list. Patient denies any physical pain, and has been appropriate on the unit. Patient stated that she would attend groups today, but had no interest in attending exercise. I explained to her the importance of exercise and distress tolerance, however she still declined. Will monitor patient for safety, and will continue to provide emotional support.

*Electronically Signed By: KUHL, MITCHELL R RN
On: 08/04/2014 12:42 PM*

*Modified by and Electronically Signed by: KUHL, MITCHELL R RN
On: 08/04/2014 12:42 PM*

Event Date:	8/3/2014 19:34 CDT
Document Name:	Progress Note-Nurse
Performed By:	FOLEY, LORI A RN (8/3/2014 19:49 CDT)
Result Status:	Auth (Verified)

Patient alert and oriented X 3, she has spent this shift in bed resting and reading. Patient displays flat affect with relatively good eye contact. Patient states that her depression continues "in waves". Patient continues to have neck pain which she rates 2/10. She states it feels "like there is a blockage and the blood flow isn't getting to my brain". Patient attended afternoon activity group. Patient stated that while she was playing bingo "I felt like I had done this before, but like I was somebody else". Patient states that every time she experiences déjà vu that "I feel like I'm experiencing it as someone

Patient Name:	LOERTSCHER, TAMARA M	Print Date/Time:	9/14/2016 08:10 CDT
Mayo Clinic Number:	[REDACTED]	Report Request ID:	293127151
MRN:	[REDACTED]		

EU Eau Claire Hospital - Behavioral Health

Patient Name: LOERTSCHER, TAMARA M Mayo Clinic Number: [REDACTED]
 Birthdate/Sex: [REDACTED] Female MRN: [REDACTED]
 Admit/Service Date: 8/1/2014 FIN: [REDACTED]
 Discharge Date: 8/7/2014 Patient Type: Inpatient

Urine / Stool Studies

Collected Date/Time	Procedure	Result	Units	Reference Range	Verified Date/Time
8/1/2014 17:50 CDT	U Tricyclic Antidepressants	NEG ^{R5}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Tetrahydrocannabinol	See Below @ T2 ^{R6}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Propoxyphene	NEG ^{R5}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Phencyclidine	NEG ^{R7}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Oxycodone	NEG ^{R8}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Opiates	NEG ^{R9}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Methamphetamine	See Below @ T3 ^{R0}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Methadone	NEG ^{R10}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Cocaine	NEG ^{R11}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Benzodiazepine	NEG ^{R12}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Barbiturates	NEG ^{R13}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	U Amphetamine	See Below @ T4 ^{R9}		[NEG]	8/1/2014 18:17 CDT
8/1/2014 17:50 CDT	Medical	See Below ^{I5}			

Textual Results

T2: 8/1/2014 17:50 CDT (U Tetrahydrocannabinol)
 UNCONFIRMED POSITIVE. NOTIFY LAB IF CONFIRMATION IS NECESSARY.

T3: 8/1/2014 17:50 CDT (U Methamphetamine)
 UNCONFIRMED POSITIVE. NOTIFY LAB IF CONFIRMATION IS NECESSARY.

T4: 8/1/2014 17:50 CDT (U Amphetamine)
 UNCONFIRMED POSITIVE. NOTIFY LAB IF CONFIRMATION IS NECESSARY.

T5: 8/1/2014 17:50 CDT (Medical)
 FOR MEDICAL USE ONLY. ALL RESULTS UNCONFIRMED

Result Comments

R5: U Propoxyphene, U Tricyclic Antidepressants
 MANUFACTURER'S CUTOFF: 300 NG/ML

R6: U Tetrahydrocannabinol
 MANUFACTURER'S CUTOFF: 50 NG/ML

Patient Name: LOERTSCHER, TAMARA M
 Mayo Clinic Number: [REDACTED] MRN: [REDACTED]

Print Date/Time: 9/14/2016 08:10 CDT
 Report Request ID: 293127151